PART B - FEE(S) TRANSMITTAL

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MEDTRONIC,	INC. C PARKWAY NE	/2010	I he	Certifi- reby certify that this f	cate of Mailing or Transr ec(s) Transmittal is being	
						(Depositor's name)
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						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A ^r	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,782 TITLE OF INVENTION:	02/05/2004 INTRAVASCULAR I	PILTER WITH DEBRIS I	Richard B. Streeter ENTRAPMENT MECHAI	NISM	P0023668-02 (MT10902/US/2	2373
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	5300	.l	\$1810	06/11/2010
EXAMINER		ARTUNIT	CLASS-SUBCLASS	_		
BUI, VY Q		3773	606-200000	B		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
PLEASE NOTE. Unic recordation as set forth (A) NAME OF ASSIG		tified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT			peument has been filed for
Medtronic, Inc.			Minneapolis, MN			
Please check the appropris	ste assignee category o	r categories (will not be p	rinted on the patent):	Tridividual XI Corp	oration or other private gr	oup entity Government
4a. The following fee(s) are submitted: All issue Fee All Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Flease first reapply any previously paid issue fee shown above) \[\] A check is enclosed. \[\] Payment by credit card. Form PTO-2038 is attached. \[\] The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \(\frac{0.1 \times 2.5.25}{0.1 \times 2.5.25} \) (enclose an extra copy of this form).			
5. Change in Entity State a. Applicant claims	SMALL ENTITY star	us. See 37 CFR 1.27.	🗆 b. Applicant is no los	nger claiming SMALL	ENTITY status. See 37 C	
interest as shown by the re	ecords of the United St	ates Patent and Trademari	so men anyone ones man k Office.	ne approant a registe	act smounes or sheart in a	me assignee of other party in
Authorized Signature	<u>- 14</u> 4.44	u/	•••••	Date	June (, 2010
Typed or printed name	Jeffrey J.	<u> Hohenshell</u>		Registration No.	34,109	
This collection of informs an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red	application form to the ms for reducing this be rainia 22313-1450. De 3-1450.	e USFTO, Time will vari irden, should be sent to ti O NOT SEND FRES OR	y depending upon the indi- ie Chief Issornation Offic COMPLETED FORMS T	vidual case. Any com- er, U.S. Patent and Tr O THIS ADDRESS. S	ments on the amount of ti ademask Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process) ing gathering, preparing, and me you require to complete artiment of Commerce, P.O. for Patents, P.O. Box 1450, I number.